

# Emergency Operations Plan

2010



**CENTRAL  
DISTRICT  
HEALTH  
DEPARTMENT**

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## PROMULGATION

The Central District Health Department (CDHD) Emergency Operations Plan (EOP), its Annexes, and Appendices, have been authored and developed to provide a tool to guide this agency's involvement in local emergency management. From the national level, responders at all levels of government are encouraged to fully integrate the National Incident Management System (NIMS) into emergency planning and preparedness activities. Via Governor's Executive Order 2010-09, Idaho's governor has formally directed each agency to prepare for and respond to emergencies or disasters in a manner consistent with the NIMS. The NIMS provides a systematic, proactive approach that guides participants to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life and property and harm to the environment.

Consistent with this approach to Emergency Management, CDHD will also adopt the NIMS as it conducts its work to enhance the resilience of the communities that we serve. The CDHD Mission Statement "To improve the health of our communities by identifying sustainable solutions to community health issues." reinforces our embrace of the NIMS. In that spirit, our EOP has been developed with the intent of full integration of federal and state policies and procedures. Direct support to the counties that we serve is our primary mission, and the partnerships that we maintain with local emergency management within each of those counties, is key to our continued growth and future success.

Our ability to meet the challenges of emerging threats to the public's health and to coordinate a response to any type of event that threatens the health of the public will depend greatly upon the collaborative efforts of all public health agencies and health care providers in Idaho. The structure of the CDHD EOP is the result of a collaborative effort between each of Idaho's seven independent Public Health Districts and the Idaho Department of Health and Welfare.

Pursuant to the authority contained in the Idaho Disaster Preparedness Act of 1975, amended by the Homeland Security Act of 2004 (Idaho Code §46-1000), CDHD has developed this plan to detail support required by the Idaho Emergency Operations Plan and to extend local public health and medical services support to the Counties of Ada, Boise, Elmore, and Valley in the State of Idaho.

Therefore, in recognition of the emergency management responsibilities of CDHD and with the authority vested in me District Health Director, I hereby promulgate the Central District Health Department Emergency Operations Plan (CDHD EOP).



Russell A. Duke

Director

Central District Health Department

Date: 8/16/10

**SECURITY INSTRUCTIONS / RECORD OF INTERIM CHANGES / RECORD OF REVISION**

I. The long title of this document is “Central District Health Department Emergency Operations Plan”. The short title is “CDHD EOP”.

II. The CDHD EOP consists of a Base Plan and Functional Annexes. The CDHD EOP contains “For Official Use Only” information and should not be reproduced and distributed to the public.

III. All changes should be posted to this plan as they are received and recorded below. Reference section VII of this Base Plan (Plan Management) for information on changes.

**RECORD OF INTERIM CHANGES**

<b><i>Change Number</i></b>	<b><i>Date of Change</i></b>	<b><i>Date Posted</i></b>	<b><i>Posted By</i></b>
Change 1	August 2008	Sept 22, 2008	Olga Coply

IV. All revisions of this plan will be recorded below to document the date revised, by whom, and the version and date of the plan it replaces:

**RECORD OF REVISION**

<b><i>Date Revised</i></b>	<b><i>Revised By:</i></b>	<b><i>Remarks</i></b>
March 2003	Darcus Allen	Replaces Version dated December 2002
August 2003	Darcus Allen	Replaces Version dated March 2003
February 2004	Darcus Allen	Replaces Version dated August 2003
August 2004	Darcus Allen	Replaces Version dated February 2004
February 2005	Darcus Allen	Replaces Version dated August 2004
August 2005	Darcus Allen	Replaces Version dated February 2005
February 2006	Darcus Allen	Replaces Version dated August 2005
August 2006	Darcus Allen	Replaces Version dated February 2006
August 2007	Darcus Allen	Replaces Version dated August 2006
August 2009	Randy McLeland	Replaces Version dated August 2007

## Distribution:

<u>Organization</u>	<u>No. Copies</u>
Ada City-County Emergency Management	2
Boise County Emergency Management	2
Elmore County Emergency Management	2
Valley County Emergency Management	2
Idaho Department of Health & Welfare (HPP)	2
Idaho Department of Health & Welfare (State Comm)	2
Idaho Bureau of Homeland Security	2
Panhandle District Health Department (Dist 1)	1
North Central District Health Department (Dist 2)	1
Southwest District Health Department (Dist 3)	1
South Central District Health (Dist 5)	1
Southeastern District Health Department (Dist 6)	1
Eastern Idaho Public Health District (Dist 7)	1
Centers for Disease Control & Prevention (CDC)/ Division of Strategic National Stockpile (DSNS)	1
The Boise Centre	1
Boise Police Department	1
366 <sup>th</sup> Fighter Wing, Mountain Home AFB	1
366 <sup>TH</sup> Medical Group, Mountain Home AFB	1

## Foreword

**E**mergency Operations Plans address the ability to direct, control, coordinate and manage emergency operations. The Central District Health Department (CDHD) Emergency Operations Plan (EOP) is based on the principle of “self-help” at each level of government. Central District Health Department, by virtue of its directing body, the Central District Board of Health, is responsible for providing support and leadership in the areas of Public Health and Medical Services to the Idaho Counties of Ada, Boise, Elmore, and Valley. Each level of government is responsible for the safety of its citizens, thus CDHD works closely and in many cases, “hand-in-hand” with the local city, and county governments within our jurisdiction in day-to-day activities that protect the public’s health.

The CDHD EOP is designed to complement city and county Local Emergency Operations Plans. For example, CDHD looks to these plans to ensure that the county Emergency Operations Center’s (EOC) and the CDHD Departmental Operations Center (DOC) function in concert.

The Idaho Emergency Operations Plan (IDEOP) is the foundation for the implementation and coordination of emergency response and recovery operations in the state. This plan provides the framework for response and recovery operations from emerging or potential threats and disasters.

The National Response Framework (NRF) is a guide to how the nation conducts all-hazards incident response. It is built upon flexible, scalable and adaptable coordinating structures to align key roles and responsibilities across the nation. In addition to the NRF, FEMA has published other resources including the National Preparedness Guidelines, the National Planning Scenarios, and the Target Capabilities Listing. All of these tools are designed to aid response agencies at all levels in their emergency planning, training, and implementation.

Central District Health Department is fully engaged with the National Association of County & City Health Officials (NACCHO) in our efforts to institutionalize an emphasis on Public Health Preparedness. In a collaborative effort, CDHD along with each of Idaho’s seven independent Public Health Districts has obtained recognition for our work in Public Health Preparedness via certification from Project Public Health Ready (PPHR), a competency-based training and recognition program that assesses preparedness and assists local health departments working collaboratively to respond to emergencies.



**Public Health**  
Prevent. Promote. Protect.

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## **INTRODUCTION**

### **PURPOSE**

The Central District Health Department (CDHD) Emergency Operations Plan (EOP) outlines the procedures and processes utilized to prevent, protect against, respond to, and recover from a public health emergency affecting Ada, Boise, Elmore and/or Valley Counties within the State of Idaho. When utilized, the goal of this plan is to maintain the public's health, safety, and welfare. The Plan includes Annexes to support specific activities that CDHD could engage in to ensure the public health of our communities. The Annexes are a coordinated approach to Plan development by each of Idaho's seven independent Public Health Districts and the Idaho Department of Health and Welfare. These are:

### **ANNEX A – EMERGENCY SUPPORT FUNCTIONS (ESF)**

The Emergency Support Function Annex provides greater detail regarding CDHD's role in supporting ESF's listed in the Idaho Emergency Operations Plan (IDEOP) and specifically ESF 8 (Public Health and Medical Services) actions and information as described in the IDEOP.

### **ANNEX B – PUBLIC HEALTH EMERGENCY RISK COMMUNICATIONS**

The Risk Communication Annex details the actions and responsibilities for internal and external communication in the case of a public health emergency.

### **ANNEX C – TACTICAL COMMUNICATIONS SYSTEMS**

The Tactical Communications Systems Annex details the modes and methods used by CDHD to ensure communication both internally and externally.

### **ANNEX D – LABORATORY INTEGRATED RESPONSE**

The Laboratory Integrated Response Annex describes how laboratory specimens collected by Central District Health Department are prepared and made ready for shipment to the State Laboratory. This Annex also provides information regarding potential alternative sources for specimen analysis in the event that the State Laboratory is not able to extend that support.

### **ANNEX E – INFECTIOUS DISEASE CONTROL AND CONTAINMENT**

The Infectious Disease Control and Containment (formerly the Epidemiology) Annex details the methods used to prevent morbidity and mortality from infectious diseases.

### **ANNEX F – POINT OF DISPENSING (POD) OPERATIONS**

The Point of Dispensing (POD) Operations Annex details the processes and procedures for opening dispensing clinics for oral medication (mass prophylaxis capability) or vaccination. This Annex includes appendices with POD clinic layouts, security considerations, and specific job functions. Response to the United States Postal Service (USPS) Biohazard Detection System (BDS) is also included in this Annex.

### **ANNEX G – STRATEGIC NATIONAL STOCKPILE (SNS)**

The Strategic National Stockpile (SNS) Annex outlines the processes and procedures required for the receipt, staging, distribution, and management of the SNS for CDHD.

**ANNEX H – REGIONAL HEALTHCARE SURGE CAPACITY**

The Regional Healthcare Surge Capacity Annex for health and medical services in CDHD contains information pertaining to healthcare surge capacity resources among facilities located in Public Health District 4.

**ANNEX I – INFLUENZA PANDEMIC RESPONSE**

The Influenza Pandemic Response Annex outlines the processes and procedures required to prepare for and respond to a novel influenza virus with human-to-human transmission and little or no immunity in people.

**ANNEX J – MASS FATALITY / MORTUARY SUPPORT**

The Mass Fatality / Mortuary Support Annex provides an overview of how CDHD will provide support to our local jurisdictions during a catastrophic event resulting in mass fatalities. While CDHD does not have primary jurisdiction in an event such as this, we will potentially have a supporting role in a number of areas of concern.

**ANNEX K – ENVIRONMENTAL HEALTH**

(New) The Environmental Health Annex outlines the typical Environmental Health Services may be called upon during an emergency affecting the community. These day-to-day Environmental Health services become even more critical during local response to an emergency or disaster, and CDHD's implementation of these services will be critically time sensitive.

**ANNEX L – VOLUNTEER MANAGEMENT**

The Volunteer Management Annex describes how CDHD manages and utilizes Medical Reserve Corps volunteers in support of the various Public Health and Medical activities of the region.

**SCOPE**

This EOP establishes a framework for how CDHD will utilize employees, volunteers, and other community resources in an effort to neutralize threats to the public's health and well-being. It applies to all staff and agents of CDHD in their efforts to support the community during a time of public health emergency or disaster.

**LEGAL AUTHORITY AND POLICY**

The following Idaho statutes specifically address the issue of emergency management and acts of terrorism for which this plan may be utilized:

- The Idaho Disaster Preparedness Act of 1975, amended by the Idaho Homeland Security Act of 2004, Idaho Code §46-1001.
- The Post-Attack Resource Management Act, Idaho Code §67-5506.
- The Terrorist Control Act, Idaho Code §18-8101.
- The Emergency Relocation Act, Idaho Code §67-102.

The following Idaho statutes specifically address the authority of the local Board(s) of Health, and the local Health Department(s) in Idaho:

- Title 39, Health and Safety, Chapter 4 Public Health Districts; Establishment of Districts, Idaho Code §39-408.

- Title 39, Health and Safety, Chapter 4 Public Health Districts; Establishment of District Health Department Services, Idaho Code §39-409.
- Title 39, Health and Safety, Chapter 4 Public Health Districts; Establishment of District Board, Idaho Code §39-410.
- Title 39, Health and Safety, Chapter 4 Public Health Districts; Powers and Duties of District Board, Idaho Code §39-414.
- Title 46, Militia and Military Affairs, Chapter 10, State Disaster Preparedness Act; Local and Intergovernmental Disaster Agencies and Services, Idaho Code §46-1009.

The following Idaho Statute addresses the issue of liability for damages or injury while engaged in the response to any civil defense, disaster or emergency and the planning or preparation for the same, or disaster or emergency relief activities.

- Title 46, Militia and Military Affairs, Chapter 10, State Disaster Preparedness Act, Immunity, Idaho Code §46-1017

The following Idaho Statute addresses the issue of Procurement and Compensation for Use of Private Property.

- Title 46, Militia and Military Affairs, Chapter 10, State Disaster Preparedness Act, Compensation, Idaho Code §46-1012

The following Federal laws specifically address aspects of emergency management and acts of terrorism:

- The Homeland Security Act of 2002.
- Public Law 93-288, The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), as amended, as amended, and related authorities.
- Code of Federal Regulations (CFR) 44, Emergency Management and Assistance.
- The Post Katrina Emergency Management Reform Act (PKEMRA).
- Public Law 109-417, The Pandemic and All-Hazards Preparedness Act (PAHPA).

### **HOMELAND SECURITY PRESIDENTIAL DIRECTIVES (HSPDs)**

Homeland Security Presidential Directives are issued by the President on matters pertaining to Homeland Security.<sup>1</sup> HSPDs of particular interest in the development of this EOP include:

- HSPD – 8: National Preparedness; Identifies steps for improved coordination in response to incidents. This directive describes the way Federal departments and agencies will prepare

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<sup>1</sup> A list of HSPD's may be referenced at [http://www.dhs.gov/xabout/laws/editorial\\_0607.shtm](http://www.dhs.gov/xabout/laws/editorial_0607.shtm)

for such a response, including prevention activities during the early stages of a terrorism incident.

- HSPD – 8 Annex 1: National Planning; Further enhances the preparedness of the United States by formally establishing a standard and comprehensive approach to national planning.
- HSPD – 10: Biodefense for the 21<sup>st</sup> Century; Provides a comprehensive framework for our nations Biodefense.
- HSPD – 18: Medical Countermeasures Against Weapons of Mass Destruction; Establishes policy guidelines to draw upon the considerable potential of the scientific community in the public and private sectors to address medical countermeasure requirements relating to CBRN threats.
- HSPD – 21: Public Health and Medical Preparedness; Establishes a national strategy that will enable a level of public health and medical preparedness sufficient to address a range of possible disasters.

## SITUATION AND PLANNING ASSUMPTIONS

### SITUATION OVERVIEW

CDHD is responsible for activities that address safeguarding the public's health in Ada, Boise, Elmore and Valley Counties. The table below provides population estimates for each of the counties supported by CDHD. These counties currently have an estimated total population of 429,647<sup>2</sup>, with Ada County being the most populous county in the state and Boise and Valley counties being among the most sparsely populated. The health district is diversely populated with citizens residing in urban, rural, and frontier areas.

<b>County</b>	<b>Population Estimate (as of 7/1/2009)</b>	<b>Census (April 1, 2000)</b>	<b>Population Estimates of At Risk / Special Needs Populations (As Of 2000)</b>		
			<b>Persons &lt; 18 Years Old</b>	<b>Persons 65 years old and over</b>	<b>Persons with a disability, Age 5 +</b>
Ada	384,656	300,904	101,549	38,850	40,870
Boise	7,445	6,670	1,601	893	1,196
Elmore	28,820	29,130	8,415	2,392	3,221
Valley	8,726	7,651	1,824	1,257	1,161
<b>Total</b>	<b>429,647</b>	<b>344,355</b>	<b>113,389</b>	<b>43,392</b>	<b>46,448</b>

### SPECIAL NEEDS/VULNERABLE POPULATIONS

Certain portions of the population may not be able to comfortably or safely access public health or healthcare resources in an emergency or disaster situation. Additional considerations must be incorporated into public health planning to accommodate the needs of these groups.

Groups such as children, elderly, non-English speaking, homebound and pregnant women are common across the state of Idaho. Other groups such as refugees, incarcerated and homeless individuals are more common in this jurisdiction as compared to many others in the state.

- **Refugees:** The city of Boise is the primary resettlement area in the state for incoming refugees. These individuals often arrive with limited English proficiency and limited

<sup>2</sup> Source: Population Division, U.S. Census Bureau; Release Date: July 1, 2009

knowledge of Western culture. Between the years of 2000-2007, approximately 4,000 refugees arrived in Idaho, most of who settled in the Boise area. Four agencies assist with refugee resettlement: World Relief, Agency for New Americans, The International Rescue Committee, and The Idaho Office for Refugees.

- **Incarcerated:** In addition to jail facilities within each county, five Idaho Department of Corrections facilities and one private prison, housing approximately 4500 inmates, are located within Ada County.
- **Homeless:** By some estimates, the number of chronically homeless individuals in this jurisdiction is around 100, with countless others who are transiently homeless. These individuals may receive assistance from local shelter/housing organizations. Among the primary organizations in this region are The Boise Rescue Mission, Corpus Christi House, The Women's and Children's Alliance, and El-Ada Community Action Partnership.

### HAZARD ANALYSIS SUMMARY

A Hazard Analysis has been completed for each county within CDHD's jurisdiction under the auspice of local County Emergency Management. While day-to-day health risks are not identified in all-hazards mitigation planning for each of the four counties, health risks are identified in at least one county Hazard Mitigation Plan as a high impact, but low probability of occurrence. On the other hand, consistently (and consistent with the State Hazard Mitigation Plan), the natural hazards of flooding, wild land fire and earthquake are identified as the most significant hazards.

Other areas that were identified included mass poisoning which could occur wherever common feeding facilities are used or where populations are downwind of toxic materials which might be released into the atmosphere. Enforcement of food preparation standards, enforcement of toxic materials storage rules, development of new standards, and proper training of personnel should reduce the chance of mass contamination.

Very little of jurisdictional water systems are exposed above ground. Failure or defects in the systems will most likely be the result of electrical outage since it is pump pressurized or from breaks in major distribution lines. The systems can usually be segmented and defective areas isolated.

Auxiliary power sources could be used to operate individual pumps. While it may be inconvenient to obtain personal water for food preparation and drinking, there should be sufficient potable water from individual wells to meet local needs. The main threats would stem from inability to properly fight fires and the lack of water for sewage disposal and processing. As a last resort, above ground water could be boiled or treated for use.

The problems with smog and airborne pollutants grow as the population grows. Unfortunately, some of these problems require "worldwide" solutions. Upwind inputs from Canyon, Owyhee, and Payette counties, along with our neighboring states of the Pacific Coast must be addressed. Performing emission tests on vehicles registered in Ada County provides a limited measure of relief from that effort. A large number of vehicles utilized in Ada County commute into the Boise metro area from outside of the county where vehicle emission tests are not required for registration.

## CAPABILITY ASSESSMENT

CDHD utilizes the National Preparedness Guidelines<sup>3</sup> and the Target Capabilities Listing (TCL)<sup>4</sup> to plan, train and exercise to fulfill its role within the community during an event. The Guidelines establish priorities to meet the Nation's most urgent needs and adopt a Capabilities-Based Planning process to define and build the capabilities to achieve the Guidelines. CDHD has determined that these National Priorities assist our efforts to:

- Expand regional collaboration
- Implement the NIMS and the NRF
- Strengthen information sharing and collaboration capabilities
- Strengthen communications capabilities
- Strengthen CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosive) detection, response, and decontamination capabilities
- Strengthen medical surge and mass prophylaxis capabilities, and
- Strengthen planning and citizen preparedness capabilities

Each of these priorities requires attention in our approach to both hazard mitigation and the associated Capabilities-Based Planning utilized to develop this EOP. The TCL is comprised of 37 capabilities, of which 31 have a direct application to Public Health within this jurisdiction. While it is impossible to accomplish every task associated with each capability, CDHD will strive to utilize the TCL to the fullest extent possible in developing our overall Emergency Operational Strategy.

## MITIGATION OVERVIEW

CDHD actively partners with the local health community to track, investigate, and report infectious disease threats with the intent to prevent morbidity and mortality.

- We utilize federal resources for the Women, Infants, and Children (WIC) program to enhance the nutrition and health of expectant mothers and young families.
- The Community Health Education Program provides training materials and guidance to establish and maintain a healthy community with an emphasis on chronic disease prevention.
- The Immunization Program strives to protect children from contracting and contributing to the spread of vaccine preventable diseases.
- The Environmental Health Program ensures the quality and safety of the food and water consumed by citizens and patrons of the community through inspection and investigation of public food and water sources.
- The Reproductive Health Program works to minimize reproductive health disparities, particularly in women of childbearing age.
- The Office of Communicable Disease Control and Public Health Preparedness work within our communities, providing analysis, monitoring and reporting on the health of the community to limit the spread of communicable diseases. They also coordinate activities to prepare for, and respond to health threats and emergencies.

## PLANNING ASSUMPTIONS

An emergency affecting the health, safety, and welfare of the citizens will have occurred requiring the activation of this plan. Typically an activation of this plan will involve a situation

<sup>3</sup> Source: USDHS/FEMA, Internet release September 13, 2007

<sup>4</sup> Source: USDHS/FEMA, Internet release September 13, 2007

that is of a size or magnitude that is significantly beyond the norm of day-to-day business and/or operations of CDHD.

### **ASSUMPTIONS**

- Federal, state, or local government, as well as private medical facilities, will provide support as coordinated and agreed upon by a memorandum of understanding (MOU), other agreement, or as directed by state or federal officials.
- The state or county (local) EOC may be activated and act as the focal point for information and support.
- When implemented, this plan will help sustain the health, safety, and welfare in a public health emergency.
- The ICS will be used during response, recovery, and mitigation operations for all activities undertaken by CDHD.
- CDHD will make an effort to have sufficient capability to operate for at least 72 hours without outside aid.
- This plan, in its entirety, has the functionality and design to be utilized immediately with little need for study or familiarity. Standard Operating Procedures (SOPs) are used to “Operationalize” this plan.

### **CONCEPT OF OPERATIONS**

In the case of a public health emergency, efficient and focused implementation of this plan is imperative. The NIMS and ICS are cornerstones of the public health response outlined in this plan and the plan Annexes.

Response to any type of public health emergency requires attention to all four phases of emergency management.

*Prevention:* Actions and activities taken to eliminate or reduce the probability of a public health emergency. This includes long-term activities that will lessen the probability of a public health emergency as well as educational activities.

*Preparedness:* Development of the response capabilities needed if a public health emergency should arise. Planning and training are both activities conducted during the preparedness phase of emergency management.

*Response:* Actions taken during a public health emergency. Response includes actions taken to maintain the health, safety and welfare of the community.

*Recovery:* Both short and long-term processes meant to restore the community to a normal state of affairs.

## INCIDENT MANAGEMENT ACTIONS

The CDHD EOP and its Annexes are designed to address all levels of public health response in a public health emergency. The CDHD Departmental Operations Center (HDOC) organizational chart can be found in Appendix 1. A listing of Memoranda of Agreement is located in Appendix 4, and Emergency Response Job Action Sheets (JASs) can be found in Appendix 5. Commonly used emergency response forms are located in Appendix 6 and an EOP role/responsibility table is in Appendix 7. An emergency events sequence chart is located in Appendix 8 and a circumstance assessment matrix is located in Appendix 9.

Utilizing the ICS during an event, CDHD will establish a Health Department Operations Center (HDOC) that will support field operations directly through the Incident Commander (IC) or provide support to a county EOC through a Liaison Officer. Utilizing the ICS affords CDHD the opportunity to scale our response to the event in a fashion that is appropriate for the type and quantity of resources required and the anticipated length of the overall response. The alert levels below define the three-tiered approach to increasing response actions in a public health emergency.

To better gauge the level of response required for CDHD, the following general guidelines will be utilized:

*Level 1 Primary Response:* The scope and degree of the event can be handled effectively within a single section or with a single resource response. An example of a Level 1 response would be the Communicable Disease Control staff conducting the investigation and contact tracing for a case of pertussis. Affected and/or interested government and private organizations will be notified. Activation of a formal ICS or of the CDHD HDOC is not required.

*Level 2 Limited Response:* The scope and degree of the event requires some support from other CDHD programs. A realistic scenario for Level 2 response would be a communicable disease (e.g., hepatitis A) requiring the activation of a POD for post-exposure prophylaxis. The county EOC may be activated and Mutual Aid Agreements (MAA) may be initiated. Affected government and private organizations will be notified. Some CDHD programs may be curtailed. At a minimum, an Incident Commander (IC), and those ICS positions deemed necessary, will be activated. An initial Incident Action Plan (IAP) should be developed if the response is anticipated to last beyond an initial 12-24 hour operational period.

*Level 3 Full Activation:* The scope and degree of the event require support from all or most CDHD programs and may require activation of MOAs/MOUs. Some health department services may be curtailed or suspended. For example, in the case of a Level 3 disease outbreak requiring mass vaccination (e.g., novel influenza), the response would likely require that most if not all ICS positions be activated throughout the event. County or State or both levels of government may also stand up their EOC to further support the local response. Assistance may also come from federal resources during a Level 3 event.

This plan is also designed to work in tandem with the local emergency response plans, the IDHW Public Health Preparedness and Response Plan, the IDEOP, and the ESF 6 (Mass Care, Housing, and Human Services) and ESF 8 (Public Health and Medical Services) in the NRF.

## ROLES AND RESPONSIBILITIES

The ultimate responsibility in leading a CDHD response to a public health emergency belongs to the Director through the Board of Health.

The IC is responsible for the overall management of the CDHD response to a public health emergency. The IC will make decisions in accordance with the policies and directives of the Director and Board of Health. During emergency operations, the IC ensures that all response actions are taken in a coordinated and efficient manner. In the event a Unified Command (UC) is established, the IC will manage actions for CDHD with direction from the CDHD UC representative.

The health and safety of CDHD staff and volunteers is a priority. The Safety Officer is responsible for identifying hazards and risks associated with any event as well as coordinating to identify the appropriate protocols for minimizing health hazards. Mitigation and protocol measures will be documented in the IAP for each operational period. Safety issues and actions will be briefed to all staff at the beginning of each shift.

Most staff within CDHD have been assigned emergency response roles in addition to their normal duties. Each staff member, with the assistance of their supervisors and staff from the Office of Public Health Preparedness, are responsible for actively seeking the knowledge and skills needed to perform in a public health emergency. All staff members must meet the bioterrorism competencies outlined by the CDC according to their individual emergency response role(s). In addition to these basic competencies, specific responsibilities are identified in the JASs located in Appendix 4 of this EOP. All CDHD employees have signed a document upon hire acknowledging their role during a public health emergency.

The CDHD Administrative Team is the group responsible for the day-to-day policies and management of CDHD programs. Staff assigned to specific positions within the CDHD ICS structure are responsible for determining the needs, plans, and management of a public health emergency. CDHD ICS roles are assigned based on qualifications, training, and experience in emergency response. Alert levels identified in the EOP Concept of Operations will be used as the initial trigger guidance for increased response actions. The CDHD Incident Command structure is located in Appendix 1 of the EOP. In a public health emergency, the Liaison Officer, working at the direction of the IC, will coordinate with local, state, and federal partners.

#### **CONDITIONS FOR IMPLEMENTATION**

The CDHD EOP can be activated at the direction of the CDHD Director or his/her designee. The CDHD Board of Health and Idaho Code govern the Director's authority. Actions by the Director will be taken with the health and safety of Health District 4 residents being the first priority and will be taken without regard to political or other undue influence.

### **ADMINISTRATION, FINANCE, AND LOGISTICS**

#### **ADMINISTRATION**

The Office of Public Health Preparedness (PHP) within CDHD has the responsibility for managing, maintaining and updating this EOP. The PHP Program will work with local emergency management partners including County Emergency Managers and other identified partners to review content and local support requirements that result from this plan.

#### **FINANCIAL MANAGEMENT**

Due to the nature of most emergency situations or disasters, financial operations will typically be conducted in compressed time frames that occasionally necessitate the Procurement Unit to

use expedited procedures. This does not lessen the requirement for sound financial management and accountability of resources procured for response to an event.

Financial management of emergency and declared disaster related costs will typically be coordinated by the Idaho Bureau of Homeland Security (BHS). During a federally declared disaster, the Governor's Authorized Representative (GAR) and Deputy GAR have the responsibility of financial management. The Governor has delegated the GAR responsibilities to the Adjutant General.

### **LOGISTICS**

The Office of Public Health Preparedness will coordinate reproduction of this plan and the sharing of electronic and paper versions with local partners including County Emergency Managers, area hospitals, partner Health Districts, IDHW, and the Idaho BHS.

### **ONGOING PLAN MANAGEMENT AND MAINTENANCE**

The CDHD EOP will be reviewed and updated annually or as otherwise directed. Interim changes to the Plan will be posted to office copies and distributed to partner agencies as they are published and become available. The Public Health Preparedness Program will, to the extent possible, coordinate with agencies supporting the implementation of this plan both prior to its publishing, and during the on-going review process.

### **TRAINING AND EXERCISES**

Ongoing Training and Exercise activities to this plan are developed utilizing the Homeland Security Exercise and Evaluation Program (HSEEP) and are housed in the CDHD Training and Exercise Plan. HSEEP provides extensive, nationally recognized criteria and resources for the conduct of training and exercises that support a viable Emergency Operations Plan.

Recommendations noted in exercise After Action Reports and/or Improvement Plans (AAR/IP) will be strongly considered in subsequent revisions to the EOP.

**APPENDIX 1****CDHD DEPARTMENTAL OPERATIONS CENTER (HDOC) ORGANIZATION****CONCEPT OF OPERATIONS**

Central District Health Department subscribes to the National Incident Management System (NIMS) in its planning and organizational structuring for response to an event utilizing the Incident Command System (ICS).

The subsequent organizational structure is based on application of the ICS to CDHD's response organization, and a potential worst case scenario organizational structure for the health department. The organization (and by definition: ICS) are scalable to the needs and impact of the event necessitating its activation.

Proposed personnel assignment rosters including names of individuals with experience and training, and their contact information are and will be maintained by the Office of Communicable Disease Control / Public Health Preparedness with CDHD. Emergency Call-down Rosters are established, maintained, and distributed to affected staff on a quarterly basis per policy. Testing of these rosters is conducted in accordance with the CDHD Training and Exercise Plan.

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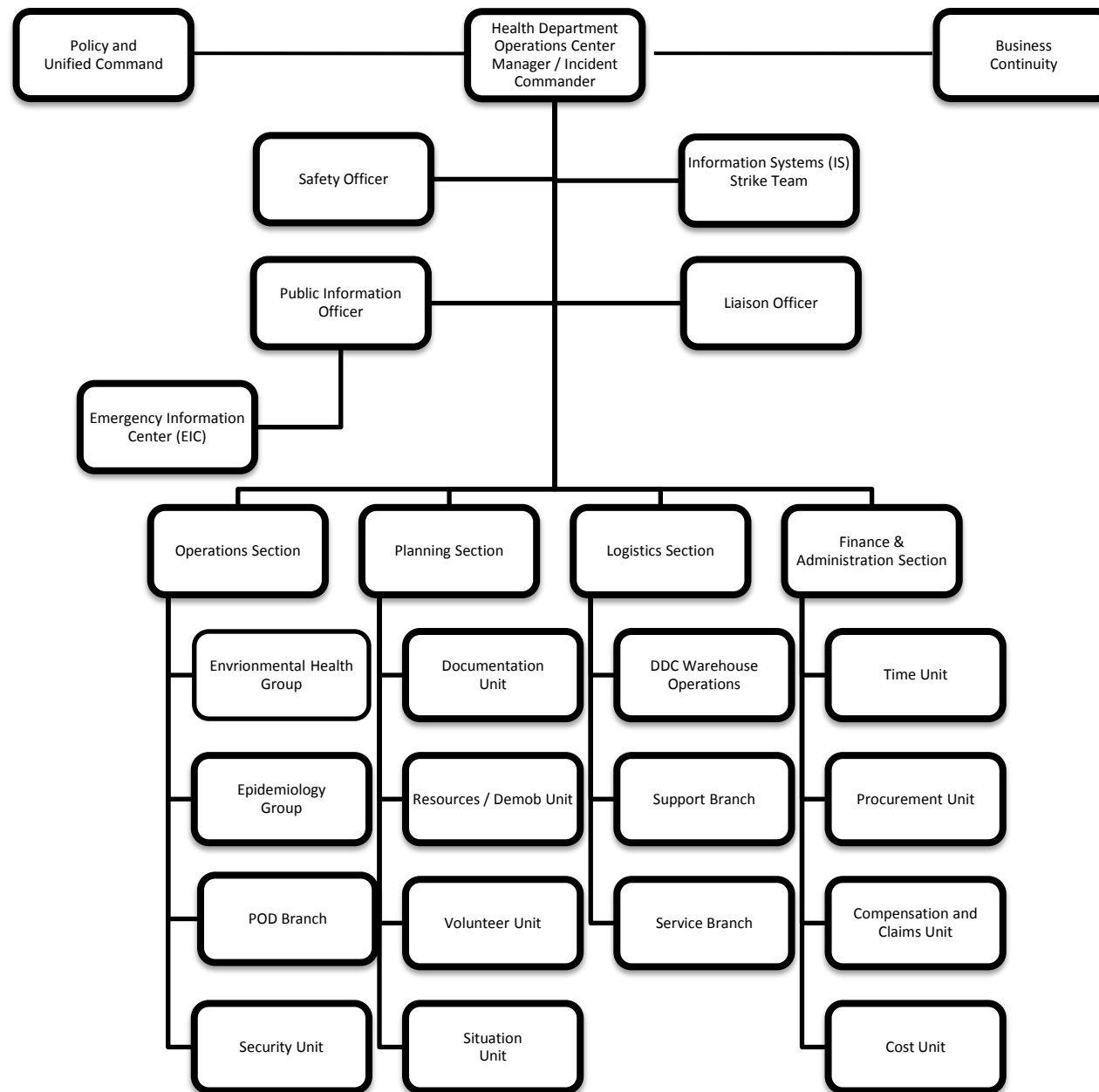
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## APPENDIX 2

### GLOSSARY AND LIST OF ACRONYMS

#### GLOSSARY

***Accessible***

Having the legally required features and/or qualities that ensure entrance, participation, and usability of places, programs, services, and activities by individuals with a wide variety of disabilities.

***American Red Cross***

The ARC is a humanitarian organization, led by volunteers, that provides relief to victims of disasters and helps people prevent, prepare for, and respond to emergencies. It does this through services that are consistent with its Congressional Charter and the Principles of the International Red Cross Movement

***Assumptions (Management)***

Statements of conditions accepted as true and that have influence over the development of a system. In emergency management, assumptions provide context, requirement, and situational realities that must be addressed in system planning and development and/or system operations. When these assumptions are extended to specific operations, they may require re-validation for the specific incident.

***Assumptions (Preparedness)***

Operationally relevant parameters that are expected and used as a context, basis, or requirement for the development of response and recovery plans, processes, and procedures. For example, the unannounced arrival of patients to a healthcare facility occurs in many mass casualty incidents. This may be listed as a preparedness assumption in designing initial response procedures. Similarly, listing the assumption that funds will be available to train personnel on a new procedure may be important to note.

***Assumptions (Response)***

Operationally relevant parameters for which, if not valid for a specific incident's circumstances, the EOP-provided guidance may not be adequate to assure response success. Alternative methods may be needed. For example, if a decontamination capability is based on the response assumption that the facility is not within the zone of release, this assumption must be verified at the beginning of the response.

***Attack***

A hostile action taken against the United States by foreign forces or terrorists, resulting in the destruction of or damage to military targets, injury or death to the civilian population, or damage to or destruction of public and private property.

***Capabilities-based Planning***

Planning, under uncertainty, to provide capabilities suitable for a wide range of threats and hazards while working within an economic framework that necessitates prioritization and choice. Capabilities-based planning addresses uncertainty by analyzing a wide range of scenarios to identify required capabilities.

**Checklist**

Written (or computerized) enumeration of actions to be taken by an individual or organization meant to aide memory rather than provide detailed instruction.

**Community**

A political entity that has the authority to adopt and enforce laws and ordinances for the area under its jurisdiction. In most cases, the community is an incorporated town, city, township, village, or unincorporated area of a county. However, each State defines its own political subdivisions and forms of government.

**Contamination**

The undesirable deposition of a chemical, biological, or radiological material on the surface of structures, areas, objects, or people.

**Damage Assessment**

The process used to appraise or determine the number of injuries and deaths, damage to public and private property, and status of key facilities and services (e.g., hospitals and other health care facilities, fire and police stations, communications networks, water and sanitation systems, utilities, and transportation networks) resulting from a man-made or natural disaster.

**Decontamination**

The reduction or removal of a chemical, biological, or radiological material from the surface of a structure, area, object, or person.

**Disaster**

An occurrence of a natural catastrophe, technological accident, or human-caused event that has resulted in severe property damage, deaths, and/or multiple injuries. As used in this plan, a “large-scale disaster” is one that exceeds the response capability of the Local jurisdiction and requires State, and potentially Federal, involvement. As used in the Stafford Act, a “major disaster” is “any natural catastrophe [...] or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under [the] Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby” (Stafford Act, Sec. 102(2), 42 U.S.C. 5122(2)).

**Emergency**

Any incident, whether natural or manmade, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency “means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States” (Stafford Act, Sec 102(1), 42 U.S.C. 5122(1)).

**Emergency Information Center**

Communications capability established and maintained by CDHD in the event of a public health emergency for the purpose of providing a “Hotline” information resource to the communities of Ada, Boise, Elmore and Valley counties. Used to communicate Public Health messages and education materials via health department staff, volunteers and other agents of CDHD.

**Emergency Medical Services**

Services, including personnel, facilities, and equipment required to ensure proper medical care for the sick and injured from the time of injury to the time of final disposition (which includes medical disposition within a hospital, temporary medical facility, or special care facility; release from the site; or being declared dead). Further EMS specifically includes those services immediately required to ensure proper medical care and specialized treatment for patients in a hospital and coordination of related hospital services.

**Emergency Operations Center**

(See Health Department Operations Center) EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, public health & medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or by some combination thereof.

**Emergency Operations Plan**

The ongoing plan maintained by the Public Health Preparedness Program and/or by various jurisdictional levels for responding to a wide variety of potential hazards. It describes how people and property will be protected; details who is responsible for carrying out specific actions; identifies the personnel, equipment, facilities, supplies, and other resources available; and outlines how all actions will be coordinated.

**Emergency Support Function**

Used by the Federal Government, the Idaho Bureau of Homeland Security, and many other state governments as the primary mechanism at the operational level to organize and provide assistance. ESFs align categories of resources and provide strategic objectives for their use. ESFs utilize standardized resource management concepts such as typing, inventorying, and tracking to facilitate the dispatch, deployment, and recovery of resources before, during, and after an incident.

**Evacuation**

The organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

- *Spontaneous Evacuation.* Residents or citizens in the threatened areas observe an emergency event or receive unofficial word of an actual or perceived threat and, without receiving instructions to do so, elect to evacuate the area. Their movement, means, and direction of travel are unorganized and unsupervised.
- *Voluntary Evacuation.* This is a warning to persons within a designated area that a threat to life and property exists or is likely to exist in the immediate future. Individuals issued this type of warning or orders are NOT required to evacuate; however, it would be to their advantage to do so.
- *Mandatory or Directed Evacuation.* This is a warning to persons within the designated area that an imminent threat to life and property exists and individuals MUST evacuate in accordance with the instructions of local officials.

**Evacuees**

All persons removed or moving from areas threatened or struck by a disaster.

**Governor's Authorized Representative**

An individual empowered by the Governor (in Idaho it's the Adjutant General (TAG) of the Idaho Military Division) to: (1) execute all necessary documents for disaster assistance on behalf of the State, including certification of applications for public assistance; (2) represent the Governor of the impacted State in the Unified Coordination Group, when required; (3) coordinate and supervise the State disaster assistance program to include serving as its grant administrator;

and (4) identify, in coordination with the State Coordinating Officer, the State's critical information needs for incorporation into a list of Essential Elements of Information.

***Hazard Mitigation***

Any action taken to reduce or eliminate the long-term risk to human life and property from hazards. The term is sometimes used in a stricter sense to mean cost-effective measures to reduce the potential for damage to a facility or facilities from a disaster event.

***Hazardous Material***

Any substance or material that, when involved in an accident and released in sufficient quantities, poses a risk to people's health, safety, and/or property. These substances and materials include explosives, radioactive materials, flammable liquids or solids, combustible liquids or solids, poisons, oxidizers, toxins, and corrosive materials.

***Health Department (Emergency) Operations Center***

The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. The DOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. CDHD utilizes a DOC that supports Emergency Operations Centers established at the county and state level of government.

***Incident Command System***

A standardized on-scene emergency management construct specifically designed to provide an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure and designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organized field-level incident management operations.

***Joint Information Center (JIC)***

A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media. Public Information officials from all participating agencies should co-locate at the JIC.

***Joint Information System***

A structure that integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, accurate, accessible, timely, and complete information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending, and executing public information plans and strategies on behalf of the Incident Commander (IC); advising the IC concerning public affairs issues that could affect a response effort; and controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort.

***Jurisdiction***

Multiple definitions are used in Emergency Management. Each use depends on the context: A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or

geographical (e.g., City, County, Tribal, State, or Federal boundary lines) or functional (e.g., law enforcement, public health).

A political subdivision (Federal, State, County, Parish, Municipality) with the responsibility for ensuring public safety, health, and welfare within its legal authorities and geographic boundaries.

### ***Mass Care***

The actions that are taken to protect **evacuees** and other disaster victims from the effects of the disaster. Activities include providing temporary shelter, food, medical care, clothing, and other essential life support needs to the people who have been displaced from their homes because of a disaster or threatened disaster.

### ***Mitigation***

Activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a long-term sustained effect.

### ***Multiagency Coordination Systems***

A system that provides the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. MACS assist agencies and organizations responding to an incident. The elements of a MACS include facilities, equipment, personnel, procedures, and communications. Two of the most commonly used elements are Emergency Operations Centers and MAC Groups.

### ***National Incident Management System (NIMS)***

A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

### ***National Response Framework***

A guide to how the nation conducts all-hazards response.

### ***Nongovernmental Organization***

An entity with an association that is based on the interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with government. Such organizations serve a public purpose and are not for private benefit. Examples of NGOs include faith-based charity organizations and the ARC.

### ***Recovery***

The development, coordination, and execution of service-and site restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

**Resource Management**

A system for identifying available resources at all jurisdictional levels to enable timely, efficient, and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the National Incident Management System includes mutual aid agreements and assistance agreements; the use of special Federal, State, tribal, and local teams; and resource mobilizations protocols.

**Scenario-based Planning**

Planning approach that uses a Hazard Vulnerability Assessment to assess the hazard's impact on an organization on the basis of various threats that the organization could encounter. These threats (e.g., hurricane, terrorist attack) become the basis of the scenario.

**Service Animal**

Any guide dog, signal dog, or other animal individually trained to assist an individual with a disability. Service animals' jobs include but are not limited to:

- Guiding individuals with impaired vision;
- Alerting individuals with impaired hearing (to intruders or sounds such as a baby's cry, the doorbell, and fire alarms);
- Pulling a wheelchair;
- Retrieving dropped items;
- Alerting people to impending seizures; and
- Assisting people with mobility disabilities with balance or stability.

**Special-Needs Population**

A population whose members may have additional needs before, during, or after an incident in one or more of the following functional areas: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; live in institutionalized settings; are elderly; are children; are from diverse cultures, have limited proficiency in English or are non-English-speaking; or are transportation disadvantaged.

**Standard Operating Procedure**

A complete reference document or an operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or a number of interrelated functions in a uniform manner.

**State Coordinating Officer**

The individual appointed by the Governor to coordinate State disaster assistance efforts with those of the Federal Government. The SCO plays a critical role in managing the State response and recovery operations following Stafford Act declarations. The Governor of the affected State appoints the SCO, and lines of authority flow from the Governor to the SCO, following the State's policies and laws.

**State Liaison**

A FEMA official assigned to a particular State who handles initial coordination with the State in the early stages of an emergency.

**Terrorism**

As defined in the Homeland Security Act of 2002, activity that involves an act that is dangerous to human life or potentially destructive of critical infrastructure or key resources; is a violation of the criminal laws of the United States or of any State or other subdivision of the United States; and appears to be intended to intimidate or coerce a civilian population, to influence the policy

of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination, or kidnapping.

***Tornado***

A local atmospheric storm, generally of short duration, formed by winds rotating at very high speeds, usually in a counter-clockwise direction. The vortex, up to several hundred yards wide, is visible to the observer as a whirlpool-like column of winds rotating about a hollow cavity or funnel. Winds may reach 300 miles per hour or higher.

***Warning***

The alerting of emergency response personnel and the public to the threat of extraordinary danger and the related effects that specific hazards may cause. A warning issued by the NWS (e.g., severe storm warning, tornado warning, tropical storm warning) for a defined area indicates that the particular type of severe weather is imminent in that area.

***Watch***

Indication by the NWS that in a defined area, conditions are favorable for the specified type of severe weather (e.g., flash flood, severe thunderstorm, tornado, tropical storm).

## LIST OF ACRONYMS

Acronyms are commonly used in emergency management planning and response. The following is a list of acronyms that may be noted throughout this EOP and its supporting Annexes:

AAR/IP	After Action Report (Review)/Improvement Plan
ARC	American Red Cross
ARES	Amateur Radio Emergency Service
BHS	Bureau of Homeland Security
BSL	Bio Safety Level
CAP	Corrective Action Program
CAT	Crisis Action Team
CBRNE	Chemical, Biological, Radiological, and/or Nuclear Explosive
CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Team
CIKR	Critical Infrastructure and Key Resources
CISM	Critical Incident Stress Management
COG	Continuity of Government
COOP	Continuity of Operations
CSR	Customer Service Representative
DDC	District Distribution Center
DEQ	Department of Environmental Quality
DHHS	Department of Health and Human Services
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Response Team
EAP	Emergency Action Plan
EAS	Emergency Alert System
EIC	Emergency Information Center
EIPHD	Eastern Idaho Public Health District
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EP	Emergency Preparedness
EPA	Environmental Protection Agency
ERT	Emergency Response Team
ESF	Emergency Support Function
FAA	Federal Aviation Administration
FAQ	Frequently Asked Questions
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
FOG	Field Operating Guide
GAR	Governor's Authorized Representative
GIS	Geographic Information System

GPMRC	Global Patient Movement Requirements Center (U.S. Air Force)
GSA	General Services Administration
HAN	Health Alert Network
HAZMAT	Hazardous Material
HDOC	Health Department Operations Center
HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Policy Directive
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IDEOP	Idaho Emergency Operations Plan
IDHW	Idaho Department of Health & Welfare
ILI	Influenza-like illness
IS	Information Systems
JAS	Job Action Sheet
JIC	Joint Information Center
JIS	Joint Information System
MAA	Mutual Aid Agreement
MSA	Metropolitan Statistical Area
MOA	Memoranda of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NACCHO	National Association of City and County Health Officials
NBC	Nuclear, Biological, Chemical
NCDHD	North Central District Health Department
NDMS	National Disaster Medical System
NRF	National Response Framework
NSVP	National Smallpox Vaccination Program
OEFP	Office of Epidemiology and Food Protection
PAHPA	Pandemic and All Hazards Preparedness Act
PIO	Public Information Officer
PHD	Panhandle District Health
PHP	Public Health Preparedness
POD	Point of Dispensing
PP	Push Package
PPHR	Project Public Health Ready
PVS	Pre-Event Vaccination System
SCDH	South Central District Health (Department)
SDHD	Southeastern District Health Department
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOP	Standard Operating Procedure(s)
State Comm	IDHW State Communications Center

SWDH	Southwest District Health Department
TAR	Technical Assistance Review (State / Local)
TCL	Target Capabilities List
UC	Unified Command
UTL	Uniform Task List
VA	Vulnerability Assessment
VAERS	Vaccine Adverse Event Reporting System
VAMC	Veterans Administration Medical Center
VIG	Vaccinia Immune Globulin
WIC	Women, Infants, and Children